

Envoy Medical Systems, LP
4500 Cumbria Lane
Austin, TX 78727

PH: (512) 836-9040
FAX: (512) 491-5145

Notice of Independent Review Decision

DATE OF REVIEW: 8/21/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of cervical spine & MRI of Right Shoulder; CPT: 72141, 73221

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in **Neurosurgery**

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTH CARE SERVICES IN DISPUTE.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part) X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters & Reconsideration, Injury Management, Org., 6/18/12, 7/06/12
Letter of Appeal, Dr. 6/26/12
Work Comp Initial Report of Examination, , 5/04/12
MRI Scan, Rt Shldr, Request from physician (no date on request)
ODG

PATIENT CLINICAL HISTORY SUMMARY

This case involves male who, in xx/xxxx, developed pain in his neck and right shoulder while attempting to attach a 300 lb. counter weight to a crane cable. Apparently, the crane's boom motor failed and although the crane operator tried to compensate for the malfunction, the ball dropped down and the patient's right arm was yanked, thereby injuring the right shoulder, right side of his neck and his low back. The shoulder examination is compatible with right rotator cuff injury along with a rupture of the biceps tendon. Also, on examination, there is a diminished right biceps reflex, but no definite sensory loss or any motor loss. The patient's discomfort continues significantly primarily in his shoulder.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

I agree with the denial for the MRI of the cervical spine. I disagree with the denial for the MRI of the right shoulder. The nature of the injury was one that would produce shoulder pathology more than neck injury pathology. There is no definite examination that would suggest radiculopathy with the only

change being the diminished right biceps reflex which could relate to the direct biceps muscle injury. Also the intensity of the neck pain is less than the shoulder pain and is no greater than his low back pain.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE
PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)